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DATENT	APPLICATION	CEE NETED	DIMINATION	DECODE	
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			0000		

Application or Docket Number HSUH 3029/EM

Effective January 1, 2003

CLAIMS AS FILED - PART I (Column 1)			 (Colu	nn 2)		SMALL ENTITY TYPE			OTHER THAN			
TOTAL CLAIMS		7					RATE	FEE		RATE	FEE	
FOR		NUMBER FILED		NUMBI	ER EXTRA		BASIC FEE	375.00	OR	BASIC FEE	750.00	
TOTAL CHARGEABLE CLAIMS			7 minus 20= *		*	P		X\$ 9=	Ð	OR	X\$18=	
INDEPENDENT CLAIMS			/ minus 3 = *		<i>.</i>	0		X42=	0	OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT							+140=	0	OR	+280=		
* If the difference in column 1 is less than zero, enter "0" in column 2						TOTAL	375	OR	TOTAL			
5/25/4 CLAIMS AS AMENDED - PART II (Column 2) (Column 3))	SMALL E	ENTITY	OR	OTHER SMALL E		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	• 10	Minus	**	<u> </u>	=]	X\$ 9=		OR	X\$18=	
	Independent	· 2	Minus	···· 6)		<u> </u>	. [X42≈		OR	X84=	
Ш	PIRST PRESE	NTATION OF M	JUIPLE DEF	ENDEN	CLAIM] [+140=		OF	+280=	
	1,8						Į.	TOTAL			TOTAL ADDIT, FEE	
	,	(Column 1)		(Colu	mn 2)	(Column 3)		ADDIT. FEE			ADDIT, PEEL	
AMENDMENT B		CLAIMS REMAINING AFTER AMENOMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*.	Minus	##		=]	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	CL AIRA	-	┨╏	X42=		OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							ر	+140=		OR	+280=	-
i						-	7	TOTAL ADDIT FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)	<u> </u>	(Colu		(Column 3)	L					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
2	Total	*	Minus	**		=] [X\$ 9=		OR	X\$18≈	
E E	Independent	*	Minus	***		=	┧╽	X42=		OR	X84=	
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN'	T CLAIM		┧╽				+280≃	-
*	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											
	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											